

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Stivers For Congress

Full Name (Last, First, Middle Initial)

Dr. Patricia Davidson

A.

Mailing Address 27 Keswick Drive

City

New Albany

State

OH

Zip Code

43054-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Anesth Assoc

Occupation

Anesthesiologist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : A-CF14501

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Evers

B.

Mailing Address 14660 S Somerset Circle

City

Libertyville

State

IL

Zip Code

60048-4882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Medical Association

Occupation

Vice President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : A-CF14537

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Mr. Matthew G. Kallner

C.

Mailing Address 85 W Town Street

City

Columbus

State

OH

Zip Code

43215-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Offices of Matt Kallner

Occupation

Attorney/Lobbyist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : A-CF14522

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....